



Agency Contract Claim for Reimbursement

FIRST AND FINAL CLAIM

Contractor

Contract Number

Street Address

City, State, Zip Code

Every 15 Minutes Program Coordinator

Project Description

Stop DUI Program, Project Number AL0646
Every 15 Minutes Program

Maximum Amount Payable By This Grant
\$9,999.99

Actual Amount Being Claimed
\$

Itemized Listing of Expenses (attach copies of all invoices/receipts)

Note: A cover letter on Contractor's official letterhead requesting reimbursement must be included.

Item	Amount

Contractor's Signature

Date

Title

Please return this document along with other required documents noted in the contract to:

California Highway Patrol
Research and Planning Section
P. O. Box 942898
Sacramento, CA 94298-0001